

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

003, 223

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		2				
4		2				
5	/					
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47	/					
48	/					
49	/					
50	/					
TOTAL IND.	40					
TOTAL DEP.	12					
TOTAL CLAIMS	52					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
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99						
100						
TOTAL IND.	6					
TOTAL DEP.	7					
TOTAL CLAIMS	13					